

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	/						51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
8							58							
9							59							
10							60							
11							61							
12							62							
13							63							
14							64							
15							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71	/						
22							72		/					
23							73	/						
24							74	/						
25							75		/					
26							76	/						
27							77	/						
28							78		/					
29							79		/					
30							80		/					
31							81	/						
32							82		/					
33							83		/					
34							84		/					
35							85	/						
36							86		/					
37							87		/					
38							88		/					
39							89							
40	/						90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	9						TOTAL IND.							
TOTAL DEP.	29						TOTAL DEP.							
TOTAL CLAIMS	88						TOTAL CLAIMS							